

**Fiscal Year 2021 Grant Application**  
**Regional Economic Development Organization Grant Program**  
*Subject to state appropriation*

**Application Checklist**

- ☐ Application
- ☐ Attachment 1: List of board of directors, if available
- ☐ Attachment 2: Minimum 10 individual letters of support from municipalities
- ☐ Attachment 3: Narrative on proposed initiatives (max.5 pages)
- ☐ Attachment 4: Schedule of grant usage; disclosure of other grants and usage
- ☐ Attachment 5: Most recent audited or reviewed financial statements

**Application Checklist for Partnership**

- ☐ Application
- ☐ Attachment 1: List of board of directors of each organization, if available
- ☐ Attachment 2: Minimum 15 individual letters of support from municipalities
- ☐ Attachment 3: Joint narrative on proposed initiatives (max. 5 pages)
- ☐ Attachment 4: Joint schedule of grant usage; disclosure of other grants and usage
- ☐ Attachment 5: Most recent audited or reviewed financial statements for each partner

PART I. APPLICANT INFORMATION				
<b>Organization Name:</b>				
<b>Website:</b>				
<b>Organization Contact Info</b>	Name/Title:			
	Phone:			
	Email:			
	Address:			
<b>Organization Details</b>		Year established:		Number of full time employees:
<b>Is this applicant organization applying as part of a regional partnership?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes, please provide the partnership organization information below.</b>				
<b>Organization Name:</b>				
<b>Website:</b>				
<b>Organization Contact Info</b>	Name/Title:			
	Phone:			
	Email:			
	Address:			
<b>Organization Details</b>		Year established:		Number of full time employees:

PART II. ORGANIZATION STRUCTURE & ELIGIBILITY		
Is the organization a public/private partnership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the organization a membership organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes, number of members:</b>		
Does the organization have a Board of Directors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes, please attach a list of board members</b>		Attached <input type="checkbox"/>
An IRS designated 501(c) - organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Primarily focused on regional economic development?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Represent <b>10 or more contiguous</b> cities or towns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Perform the services required by MGL Chapter 23A Section 3J and 3K, as amended by Sections 8 and 9 of Chapter 219 of the Acts of 2016?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a comprehensive plan with formal programming that encourages participation in economic development activities by a wide variety of organizations, governments and businesses operating in the identified region?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receiving or have commitments to receive substantial financial and in-kind support from private resources or member municipalities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Serve as or constitute as any of the following:</b>		
Regional Employment Board under G.L. c. 40B?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tourism Council under G.L. c. 23A §14?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entities, which are political subdivisions of a municipality or wholly owned by a municipality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PART III. IDENTIFICATION OF REGION & COVERAGE AREAS****Indicate the total number of the following:**

# of Municipalities Represented:

If applying as a regional partnership, provide the total # of combined municipalities represented:

# of Gateway Cities represented:

**Attachment 2: Please attach at least 10 letters of support, 15 for partnership from the municipalities.**Attached ☐

Please list municipalities represented/served by the organizations (Please indicate 43D Communities with a pound (#) sign):

**PART IV. REDO GRANT PROPOSAL NARRATIVE****Attachment 3: Narrative on proposed initiatives**Attached ☐Applicants should address how the organization will align its initiatives to the Commonwealth's Economic Development Bill – [Partnership for Growth](#), *Support Business Competitiveness*.

This is an opportunity for the REDO to self-identify initiatives and programming, define the most organizationally-relevant performance measures and ensure that the organization has the capacity to complete their proposed goals and the grant conditions required by MOBD.

The narrative should also include a **brief** summary of the organization, the impacts of COVID in the regions, the challenges that stakeholders face, an action plan to address those affected by COVID, and how the organization is and will be assisting their regional businesses and communities in accessing resources and information to support economic recovery. It should also include meaningful updates in REDO programming and development from the prior grant period (if applicable).

**Limited to 3-5 pages, font size Times 12, 1" margin.****\*\*Partnerships should submit a joint narrative, including how the organizations will collaborate on executing the initiatives.**

PART V. ORGANIZATION OPERATING BUDGET, OTHER FUNDING & GRANT REQUEST			
<b>Operating Budget (not including REDO funding):</b>	Prior year's operating budget:	\$	
	Current year's estimated operating budget:	\$	
	What is the percentage of budget above from the private sector?	%	
	What is the percentage of budget above from the public sector? (not including REDO grant funds).	%	
<b>Line Item Budget:</b>	<b>Attachment 4</b> - Please list a line item budget for the proposed use of funds.		<b>Attached</b> <input type="checkbox"/>
<b>Audited Financial Statements</b>	<b>Attachment 5</b> - Please submit a copy of the most recent audited or reviewed financial statements.		<b>Attached</b> <input type="checkbox"/>
<b>Federal Grant Funds:</b>	Did your organization or your affiliate organization receive any federal grants in FY2020?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<b>If yes</b> , please list granting organization(s) and amount(s):		
<b>REDO Grant Funds:</b>	Did your organization or affiliate organization receive a REDO grant in FY2020?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<b>If yes</b> , please provide the amount: \$		
<b>Massachusetts State, Quasi and Local Grant Funds:</b>	Did your organization or affiliate organization receive any other non-REDO state or quasi-public funding in FY2020?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<b>If yes</b> , please list granting organization and amount: \$		
	Would your organization or affiliate organization receive or apply for any federal, non-REDO state or quasi-public program funding for <b>FY2021</b> ?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
	<b>If yes</b> , please disclose in an attachment to the <b>line item budget/grant usage</b> : 1) The origin and amount of the funding; 2) Define how the REDO Grant funds will be differentiated; and 3) If applicable, describe any initiatives that are planned to be jointly funded through the REDO Grant and another public funding source.		<b>Attached</b> <input type="checkbox"/>
	*Note: any proposed program in the narrative that have a budget, please list.		
<b>FY2021 REDO Funding Request:</b>	<i>If an organization serves <u>less than 20 communities</u> they can request no more than \$50,000.</i>		\$

**PART VII. CONFLICT OF INTEREST**

Pursuant to Chapter 240 of the Acts of 2010, REDOs are subject to not only performance measurements (see <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter6A/Section16G>) and uniform standards related to accounting procedures, personnel practices, and purchasing procedures, but they are also subject to conflict of interest rules (see <http://www.mass.gov/ethics/education-and-training-resources/implementation-procedures/state-employees-summary.html>). Accordingly, as a condition to receiving grant funds from MOBD, the REDO Grant contract shall require that in any matter in which a person, corporation or other business entity in which you or any member of your organization is in any way interested, such interest shall be disclosed in writing in advance and that you or any member of your organization having such an interest may not participate in a decision relating to such person, corporation or other business entity. As deemed necessary, the REDO Grant contract shall also require that the Grantee undergo a biennial audit and examination of the audited financial statements of the REDO conducted by the auditor of the Commonwealth.

**I agree** ☐

**PART VIII. SIGNATORY, CERTIFICATION & ACKNOWLEDGEMENT**

*I/We, (names and titles) of the (Regional Economic Development Organization) submitting a proposal for the FY2021 Regional Economic Development Organization Grant Program, as established by the Commonwealth of Massachusetts and administered by the Massachusetts Office of Business Development, hereby certify that I/we have been authorized to file this proposal and to provide the information within and accompanying this proposal. I/we certify that the information provided herein is true and complete and that it reflects the applicant's intentions to the best of my/our knowledge. I/We understand that the information provided within this proposal will be relied upon by the Commonwealth in deciding whether to contract with the organization and that the Commonwealth reserves the right to take action against the applicant organization or any other beneficiary if the Commonwealth discovers that the applicant intentionally provided misleading, inaccurate, or false information. I/We make this certification under the pains and penalties of perjury.*

*The signatories also hereby acknowledge that, under the Public Records law of the Commonwealth of Massachusetts, this application and all documents submitted in support thereof are public records under the provisions of Massachusetts G. L., Ch. 4, sec. 7 (26).*

[Type name here]

☐ E-Signature of REDO Representative

Date

[Type name here]

☐ E-Signature of REDO Representative

Date

*This Application is requested electronically. For reporting purposes, please type in your name and click the box acknowledging your E-Signature.*